

**INSTRUCTIONS FOR FILING A
COMPLAINT UNDER THE CIVIL RIGHTS ACT
42 U.S.C., SECTION 1983**

This packet includes two forms:

- (1) Complaint Under The Civil Rights Act, 42 U.S.C. § 1983
- (2) Application to Proceed Without Prepayment of Fees or Costs

To start an action under the you must file:

- an original, signed complaint,
- one copy of the complaint for *each* defendant named in the complaint. For example, if you name two defendants, you file the original complaint plus two copies. You should also keep a copy for your records. All copies of the complaint must be identical to the original, signed complaint.
- filing fee of \$350.00 or an Application to Proceed Without Prepayment of Fees/Costs

Return the above forms and/or filing fee to the following address:

Clerk's Office
United States District Court
Southern District of Florida
400 North Miami Avenue, 8N09
Miami, FL 33128-7716

Your complaint must be legibly typewritten or clearly handwritten using a pen (do not use a pencil to complete these forms). As the plaintiff, you must sign and swear to the accuracy of the information in the complaint. If you need more space than is provided on the form, attach an additional blank page to the complaint.

Your complaint can be brought in this Court only if one or more of the named defendants is located within the Southern District of Florida. Also, you must file a separate complaint for each claim you have unless the claims are related to the same incident or issue.

In your complaint, you must provide the facts; you should not include legal arguments or citations).

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA**

Civil Case Number: _____

(Write the full name of the plaintiff)

vs.

(Write the full name of the defendant/s in this case)

COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

I. Party Information

A. Plaintiff: _____

Address: _____

Inmate/Prison No.: _____

Year of Birth: _____ (Do not include day or month, pursuant to Fed. R. Civ. P 5.2)

(Write your name, address and prison/inmate number, if applicable)

vs.

B. Defendant: _____ Defendant: _____

Official Position: _____ Official Position: _____

Place of Employment: _____ Place of Employment: _____

(Write the full name of each defendant, official position and place of employment. Attach a separate page if you need additional space for additional defendants.)

IV. Jury Demand

Are you demanding a jury trial? Yes No

Signed this _____ day of _____, 20____

Signature of Plaintiff

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: _____

Signature of Plaintiff